

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles
Scribe: Amy Newman
Date: 08/29/2007
Time: 10:30 – 11:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Rick Kretschmer
 Sarah Harris
 x Cheryl McQueen
 x Paul Carr
 Gary Imes
 Joyce Sims
 Rick Debell
 x Cathy Bennett
 x Thelma Hayter
 x Eric Johnson

Others:

Tim Sullivan
 x Jamie Herubin
 x Sandy Flores
 x Mike Frost
 Myran Harris
 x Chris Ferell
 Deborah LeBlanc
 x Amy Newman
 x Travis Nobles

Attendees:

Alamance-Caswell	x Onslow-Carteret
x Albemarle	x OPC
x Catawba	x Pathways
Centerpoint	x Sandhills Center
Crossroads	x SE Center
x Cumberland	x SE Regional
x Durham	Smoky Mountain
x Eastpointe	x Wake
x ECBH	x Western Highlands
Five – County MHA	x Beacon Center
Foothills	
x Guilford	
x Johnston	
x Mecklenburg	

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Attendees:

Item No. Topics

Area Programs, Division and EDS

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – August 30, Sept. 6, 13, 20
4. Agenda items
 - Timely Filing Cutoff – 10/25 Checkwrite
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - **Update scheduled termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates – Tim Sullivan and Chris Ferrell
6. DMH and/or EDS concluding remarks
 - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate option listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
7. Roll Call Updates

Next Meeting

September 5, 2007

For assistance with IPRS claims, adjustments, R2Web, access applications, etc.

*Call the IPRS Help Desk - 1-800-688-6696, option 4 or 919-816-4355
M – F 8:00am - 4:30pm, excluding Holidays*

IPRS Question and Answer email address – iprs.qanda@ncmail.net

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<u>Upcoming Check-writes</u> (cut-off dates) August 30th and September 6th.
4.	<p><u>Agenda items – Special Announcement</u></p> <p>(Cheryl McQueen) As some already know, Rick Debell had a massive heart attack on Friday evening. He is still "hanging in" there but was sedated to compensate for his heart to pump and for his breathing. They did change some of his sedatives so that they could do a neurological evaluation on him sometime today. As we find out any additional information we will keep you posted.</p> <p align="center">-----</p> <p><u>Agenda items</u></p> <p>(Travis Nobles) There was no checkwrite last week, but we do have a checkwrite tomorrow and just a few items on today's agenda. A reminder of the cut-offs and NPI Beta Testing (there are still no new test results).</p> <p><u>IPRS Questions</u></p> <ul style="list-style-type: none"> • Q: (Kelly Durham) Is there any progress to the CMMED or the Child MH claims that came out of the Child Substance Abuse funds? Will these be reversed? • R: (Cheryl) These were the ones that paid out of Crisis but shouldn't have (CSR904). • R: (Rick Kretschmer) The CSR to make those adjustments has been tested and we are finalizing the review of the test results and the paperwork so anticipate that it will be done fairly soon, within the next week or two. • (Durham): OK. • Q: (Durham) On the IPKR9002 the CNDS updates keep appearing on the report so the report keeps printing approximately 300 pages. Is this going to be fixed? • A: (Cheryl) Yes. We found out that this was showing up due to some things that the EIS program is doing as we had always received the transmissions from them, but what they did was make changes on the record on what they call their File Cabinet (which is basically an electronic file) and they stay on the File Cabinet until the DSS employee does what they have to do with that record. As long as they stay on the File Cabinet, they get sent to us. Apparently in the past they were a bit more proactive with processing the records than they are doing now, so that's why they are showing up repeatedly. We have created a CSR to add logic to our side to see if an actual change had occurred. If an actual change has occurred then it will show on your report. If no change has occurred then we won't write that out for that report. We are working on getting this CSR into production. • (Durham) OK

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- **Q:** (Durham) What is happening with the IPKR8101 report where the MTB claims for retro-Medicaid keep recycling and show up every month?
- **Q:** (Cheryl) You sent an email about that didn't you?
- **A:** (Durham) I did, yes; the claims just keep showing up on the report, so the report just keeps building.
- (Cheryl) Yes, we had not discussed that as yet, but will move it up on list of priorities.
- **Q:** (Tom/Western Highlands) This has been brought up in the past as we had some claims that kept recycling thru the retro-Medicaid eligibility cycle – passing the claim to Medicaid and Medicaid does not accept it the claim so it's kept in this perpetual cycle. What we have noticed in some instances is that there is an inaccurate cross-reference so that Medicaid is not able to recognize the consumer and adjudicate the claim.
- (Durham) In our case it is specifically an MTB client and the Medicaid cross-reference is accurate, it's just that since the client has Medicaid that it is identified as a retro-Medicaid process but MTB routes it back to IPRS.
- **A:** (Cheryl) Tom, that's two different scenarios.
- (Tom) OK.
- (Cheryl) Tom, can you send an example again of some of yours to Q & A?
- (Tom) OK, thank you.

Other Questions:

- **Q:** (Ron/Mecklenburg) We have a diagnosis issue with a consumer served with procedure code YP620 and had gotten a diagnosis denial. The diagnosis was 318.1 (severe mental retardation) and I understand that 318.1 is not on the grid and that's why it was denied. Can you add 318.1 to the grid?
(Cheryl) By the grid do you mean the IPRS diagnosis grid?
- (Ron) Yes, the cross-walk, that's right. This is the most severe mental retardation diagnosis that a consumer can receive.
- **A:** (Cheryl) Can you send that to Q & A, and the reason that I am asking is because YP620 is only covered by the DD target pops.
- (Ron) The DD target pops are not audited.
- (Cheryl) As far as diagnosis codes, that is correct. So adding it to the IPRS list of covered diagnosis is not going to help.
- (Ron) I respectfully disagree. The reason being that when we discussed this with the Help Desk, the reason that the claim was denied is that 318.1 is not within the range of covered diagnosis.
(Cheryl) If it is not a valid diagnosis code then we can't just make up a valid code.
- (Ron) No, that's not correct, that's not what I am saying. I'm saying that because it is not listed on the IPRS diagnosis target pop cross-walk for 07-08, it's denied.
- (Cheryl) And I am saying that it's not possible for the DD target pop, we don't limit based on diagnosis codes; so send in an example to Q & A and we will take a look at it.
- (Ron) OK.
- **Q:** (Patricia/Pathways) On 07/01 for H2017 there was a rate change and the first two RA's did not reflect the correct rate change. We were told that IPRS would reprocess these. Is this correct?

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- **A:** (Cheryl) We have not requested a CSR to adjust those, I am not sure if when Rick did the rate adjustment if he did it as retro-active or not so we will have to check to see if a retro-active adjustment was done for this or not.
- **Q:** (Patricia) So you will let us know?
- (Cheryl) Yes. And that was from July 1st forward, correct?
- (Patricia) That is correct.
- **Q:** (Kelly/Durham) I had asked Q & A about creating a report of Paid Claims for clients who appear on the Suspect Medicaid Duplicate report. Is that on the list?
- **A:** (Cheryl) Yes it is on the list.

Medicaid Questions:

- **Q:** (Patricia/Pathways) On the target case management back when we started on 03/01/06 thru 08/31/06 we had 286 denials which was not part of the "H" problem, this was finally corrected and we resubmitted these. Now we are getting denials for the 9099 and the 9199 and we were told that there would be no more processing for appeals for these dates of service (03/2006 thru 08/31/2006). Is this correct? Do we deny these or try to appeal them?
- **A:** (Chris Ferrell) Send the question thru to Q & A and we will get clarification on those dates.
- (Patricia) OK.
- **Q:** (Amy/SE Regional) We are having a lot of EOB 8327's on our Medicaid RA's and were wondering if anyone else was having the same issue?
- (Chris) Are you billing thru a software vendor? Or on paper?
- **A:** (Amy) Electronically.
- (Chris) You may want to check with your vendor to make sure everything is coming across correctly.
- (Amy) OK, thank you.

Roll Call Updates

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